



ADMINISTRATIVE BUDGET
Child and Adult Care Food Program

Attachment M

13

SPONSORING ORGANIZATION _____

BUDGET PERIOD: October 1, 2012 through September 30, 2013

LINE ITEM JUSTIFICATION: Use the Line Item Justification form to justify any budget item greater than 5% of the total administrative budget. (Not required for staff salaries or travel)

PART A - EXPENSES:

1 SALARIES (Complete and attach Salaries Table)

| | 5% indicator Justify These Lines | If Line is Allocated Enter amount of total cost | |
|-------------------------------------|-------------------------------------|--|-------|
| 1.1 CACFP Regular Personnel | | | 0.00% |
| 1.2 Temporary Labor contracted | | | 0.00% |
| 1.3 Fringe | | | 0.00% |
| 1.4 Other | | | 0.00% |
| SPWA is requested for overtime? Y/N | | | |
| Refer to attachment: _____ | | | |

2 OPERATION EXPENSE

| | | | | |
|------------------------------------|----------|---------------|-------------|-------|
| 2.1 Rent/Use Allowance | \$ 20.00 | Yes - Justify | \$ 2,000.00 | 1.00% |
| 2.2 Utilities - Specify | \$ - | | | 0.00% |
| 2.3 Maint. Bldg/Grounds | \$ - | | | 0.00% |
| 2.4 Trash/Exterminating | | | | 0.00% |
| 2.5 Insurance of Building/Contents | \$ 10.00 | Yes - Justify | | 0.00% |
| 2.6 Real Estate Taxes | | | | 0.00% |
| 2.7 Relocation/Moving Exp. | | | | 0.00% |
| 2.8 Office Supplies | | | | 0.00% |
| 2.9 Printing | | | | 0.00% |
| 2.10 Advertising | | | | 0.00% |
| 2.11 Office Equipment | | | | 0.00% |
| 2.12 Maintenance Agreements | | | | 0.00% |
| 2.13 PC Hardware/Peripheral Eqpt. | | | | 0.00% |
| 2.14 PC Software | | | | 0.00% |
| 2.15 PC Supplies | | | | 0.00% |
| 2.16 Maint/PC Repair | | | | 0.00% |
| 2.17 Postage | | | | 0.00% |
| 2.18 Telephone Service | | | | 0.00% |
| 2.19 Telephone Eqpt/Repair | \$ 5.00 | Yes - Justify | | 0.00% |
| 2.20 Other-Specify | \$ 1.00 | | | 0.00% |

3 CONTRACTUAL SERVICES

| | | | | |
|--------------------------------|----------|---------------|--|-------|
| 3.1 Accounting Services | | | | 0.00% |
| 3.2 Audit (Over Program Grant) | | | | 0.00% |
| 3.3 PC Services | | | | 0.00% |
| 3.4 Legal-Specify | | | | 0.00% |
| 3.5 Consultant-Specify | | | | 0.00% |
| 3.6 Other-Specify | \$ 15.00 | Yes - Justify | | 0.00% |

4 TRAVEL/TRANSPORTATION FOR MONITORING

| | | | | |
|----------------------------|---------|--|--|-------|
| 4.1 Mileage (Miles x .555) | | | | 0.00% |
| 4.2 Lodging | \$ 1.00 | | | 0.00% |
| 4.3 Per Diem | | | | 0.00% |
| 4.4 Other-Specify | | | | 0.00% |

5 TRAINING FOR STAFF IN-STATE

| | | | | |
|----------------------------------|--|--|--|-------|
| 5.1 Registration Fees | | | | 0.00% |
| 5.2 Mileage (Miles x .555) | | | | 0.00% |
| 5.3 Lodging | | | | 0.00% |
| 5.4 Per Diem | | | | 0.00% |
| 5.5 Prof. Publications/Resources | | | | 0.00% |
| 5.6 Orgzn Dues/Subscriptions | | | | 0.00% |
| 5.7 Other-Specify | | | | 0.00% |

6 TRAINING FOR STAFF OUT-OF-STATE

| | | | | |
|----------------------------|--|--|--|-------|
| 6.1 Registration Fees | | | | 0.00% |
| 6.2 Mileage (Miles x .555) | | | | 0.00% |
| 6.3 Airfare | | | | 0.00% |
| 6.4 Lodging | | | | 0.00% |
| 6.5 Per Diem | | | | 0.00% |
| 6.6 Taxi/Parking | | | | 0.00% |
| 6.7 Other-Specify | | | | 0.00% |

7 PROVIDER SERVICES

| | | | | |
|----------------------------------|--|--|--|-------|
| 7.1 Resource/Reference Materials | | | | 0.00% |
| 7.2 Workshops/Training | | | | 0.00% |
| 7.3 Speaker Fees | | | | 0.00% |

8 INDIRECT COSTS

(If this item is used, please submit your allocation plan and procedures, including requests for SPWA.)

| | | | | |
|------------------------|--------------|----------|--|-------|
| 8.1 Cost Allocation | | | | 0.00% |
| All items sections 1-8 | TOTAL | \$ 52.00 | | |

Note: For items in yellow, a SPWA submitted at the time of renewal should cover entire fiscal year and does not need to be re-submitted at the time of the expenditure.

SPONSORING ORGANIZATION

PART B – REIMBURSEMENT INCOME

0

Anticipated income from CACFP administrative funds:

Use the average number of homes that have claimed over the last 6 months in the calculation below.

| | | Providers | 1 yr | Rate | Income |
|--------------------------------|----|-----------|------|-----------|--------|
| 1.1 Number of homes (1-50) | is | 0 | 12 | \$ 107.00 | \$ - |
| 1.2 Number of homes (51-200) | is | 0 | 12 | \$ 82.00 | \$ - |
| 1.3 Number of homes (201-1000) | is | 0 | 12 | \$ 64.00 | \$ - |

Anticipated CACFP income from other sources

| | |
|-----------------------------|--|
| 2.1 Sale of print materials | |
| 2.2 Other – Specify | |

TOTAL ANTICIPATED ADMINISTRATIVE REIMBURSEMENT/INCOME

\$ -

Budget as listed on page 1

\$ 52.00

Budget amount and provider reimbursement should be very similar

Difference \$ (52.00)

List the average number of homes in your sponsorship for the five most recent Federal fiscal years:

| | |
|--------------------|-----------|
| 2008 - _____ homes | |
| 2009 - _____ homes | |
| 2010 - _____ homes | 0 |
| 2011 - _____ homes | 0 |
| 2012 - _____ homes | 0 |
| | 0 Average |

List source and amount of donations to CACFP. (Note: If donations to your organization are not specifically designated to CACFP, they are NOT considered CACFP donations.)

I hereby certify that the information on this form and the budget attachment is true and correct to the best of my knowledge. I understand that this information is being given in conjunction with the receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

SIGNATURE OF SPONSOR'S AUTHORIZED REPRESENTATIVE

DATE